FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
DEC 22 PM 4: 30

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1. Name of Limited Partnership	1a. DOCUM A23336			SECRETARY OF STATE	
CENTER LAKE PROPERTIES, LTD.					
Mailing Address P.O. BOX 568367 ORLANDO FL 32856-8367	Principal Office Address 260 W. PINELOCH STREET ORLANDO FL 32806-6133		3. Date Formed or Registered 09/29/1986 3a. Date of Last Report 12/16/1997	5a. Capital Contributions as Shown on record. \$252,450.00	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	City & State			Applied For Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10 If changed, new Registered	10. If changed, new Registered Agent/Office	
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. -01/12/3901075012 City ****535.** Light ************************************			
SIGNATURE (Registered Agent Accepting Appointment)_			DATE_		
A GENERAL PARTNER THA MU	<u>ST BE REGISTERED AN</u>	D ACTIVE	PARTNERSHIP OR OTHEI WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	11b. City, State & Zirı Code	11c. Registration/ Document Number	
PINELOCH MANAGEMENT CORP			ORLANDO FL	072E003 (8/98)	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					

SIGNATURE

yped or Printed Name of General Partyer Signing Form Kyle S. Meyer, President & Treasurer Daytime Telephone Number 407 859-3550